

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Faith Family Freedom Fund

ADDRESS (number and street) ▼

801 G Street, NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00489625

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
01 01 2013

through

M M M / D D D / Y Y Y Y Y Y
01 31 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Paul Tripodi

Signature of Treasurer

Paul Tripodi

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
02 19 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Faith Family Freedom Fund

Report Covering the Period: From: M M / D D / Y Y Y Y Y 01 / 01 / 2013 To: M M / D D / Y Y Y Y Y 01 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2013		262478.02
(b) Cash on Hand at Beginning of Reporting Period.....	262478.02	
(c) Total Receipts (from Line 19)	373.71	373.71
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	262851.73	262851.73
7. Total Disbursements (from Line 31)	4465.85	4465.85
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	258385.88	258385.88
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Faith Family Freedom Fund

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 01 / 01 / 2013

To:

 M M / D D / Y Y Y Y Y
 01 / 31 / 2013
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

243.71

243.71

(ii) Unitemized

130.00

130.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

373.71

373.71

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

373.71

373.71

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

373.71

373.71

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

373.71

373.71

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	243.71	243.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	243.71	243.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	4222.14	4222.14
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4465.85	4465.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4465.85	4465.85

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	373.71	373.71
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	373.71	373.71
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	243.71	243.71
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	243.71	243.71

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 16

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Faith Family Freedom Fund

Full Name (Last, First, Middle Initial)

A. Family Research Council Action

Mailing Address 801 G Street, NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

243.71

Date of Receipt

01 / 31 / 2013

Transaction ID : SA11AI.9667

Amount of Each Receipt this Period

243.71

In-kind - Administrative, compliance, fundraising support, website

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

243.71

243.71

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Faith Family Freedom Fund

243.71

A diagram of a rectangular frame. It consists of a horizontal beam at the top and a horizontal beam at the bottom, connected by two vertical supports on the left and right. The top beam has several small rectangular protrusions along its length. The bottom beam has several small rectangular protrusions along its length, with the middle two being larger than the others.

243.71

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 8 OF 16

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Faith Family Freedom Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Chris Curry

Nature of Debt (Purpose):

Bus tour travel expense

Mailing Address 801 G Street NW

City State

Zip Code

Washington

DC

20001

Outstanding Balance Beginning This Period

114.11

Transaction ID : SD10.9628

Amount Incurred This Period

0.00

Payment This Period

114.11

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Kathy Flavin

Nature of Debt (Purpose):

Travel expenses for bus tour

Mailing Address 801 G Street NW

City State

Zip Code

Washington

DC

20001

Outstanding Balance Beginning This Period

222.05

Transaction ID : SD10.9539

Amount Incurred This Period

0.00

Payment This Period

222.05

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Kathy Flavin

Nature of Debt (Purpose):

Travel expenses for bus tour

Mailing Address 801 G Street NW

City

State

Zip Code

Washington

DC

20001

Outstanding Balance Beginning This Period

222.05

Transaction ID : SD10.9540

Amount Incurred This Period

0.00

Payment This Period

222.05

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional)..... ►

0.00

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 9 OF 16

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Faith Family Freedom Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Fris Office Outfitters

Nature of Debt (Purpose):

Bus tour supplies

Mailing Address 109 River Avenue

City State

Holland

Zip Code

MI

49423

Outstanding Balance Beginning This Period

447.49

Transaction ID : SD10.9625

Amount Incurred This Period

0.00

Payment This Period

447.49

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Google Inc.

Nature of Debt (Purpose):

Online ad

Mailing Address 1600 Amphitheatre Parkway

City State

Mountain View

Zip Code

CA

94043

Outstanding Balance Beginning This Period

300.72

Transaction ID : SD10.9627

Amount Incurred This Period

0.00

Payment This Period

300.72

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Google Inc.

Nature of Debt (Purpose):

Ad purchase

Mailing Address 1600 Amphitheatre Parkway

City State

Mountain View

Zip Code

CA

94043

Outstanding Balance Beginning This Period

1271.67

Transaction ID : SD10.9544

Amount Incurred This Period

0.00

Payment This Period

1271.67

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional)..... ►

0.00

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 10 OF 16

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Faith Family Freedom Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Connie Mackay

Nature of Debt (Purpose):

Travel expenses for bus tour

Mailing Address 801 G Street NW

City State

Zip Code

Washington

DC

20001

Outstanding Balance Beginning This Period

154.50

Transaction ID : SD10.9541

Amount Incurred This Period

0.00

Payment This Period

154.50

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Connie Mackay

Nature of Debt (Purpose):

Travel expenses for bus tour

Mailing Address 801 G Street NW

City State

Zip Code

Washington

DC

20001

Outstanding Balance Beginning This Period

154.50

Transaction ID : SD10.9542

Amount Incurred This Period

0.00

Payment This Period

154.50

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

PR Newswire

Nature of Debt (Purpose):

Bus tour advertising

Mailing Address G.P.O. Box 5897

City

State

Zip Code

New York

NY

10087

Outstanding Balance Beginning This Period

240.00

Transaction ID : SD10.9629

Amount Incurred This Period

0.00

Payment This Period

240.00

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional)..... ►

0.00

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 11 OF 16

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Faith Family Freedom Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

UPS

Nature of Debt (Purpose):

Bus tour expense

Mailing Address PO Box 533238

City State

Zip Code

Charlotte

NC

28290

Outstanding Balance Beginning This Period

1095.05

Transaction ID : SD10.9630

Amount Incurred This Period

0.00

Payment This Period

1095.05

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

0.00

2) TOTALS This Period (last page this line number only)..... ►

0.00

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 12 OF 16
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Faith Family Freedom Fund		FEC IDENTIFICATION NUMBER ▼ C C00489625
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee Chris Curry		Date MM / DD / YYYY 01 / 24 / 2013
Mailing Address 801 G Street NW		Amount 114.11
City Washington	State DC	
Zip Code 20001	Transaction ID : SE.9678	
Purpose of Expenditure Bus tour travel expense	Category/Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1314.70		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Kathy Flavin		Date MM / DD / YYYY 01 / 24 / 2013
Mailing Address 801 G Street NW		Amount 222.05
City Washington	State DC	
Zip Code 20001	Transaction ID : SE.9675	
Purpose of Expenditure Bus tour travel expense	Category/Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 531.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	336.16
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Tripodi

[Electronically Filed]

Date

MM / DD / YYYY
02 / 19 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 13 OF 16
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Faith Family Freedom Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489625 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Kathy Flavin		Date M M / D D / Y Y Y Y Y Y 01 / 24 / 2013	
Mailing Address 801 G Street NW		Amount 222.05	
City Washington	State DC	Zip Code 20001	Transaction ID : SE.9676 Office Sought: <input type="checkbox"/> House State: <u>MO</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Purpose of Expenditure Bus tour travel expense		Category/ Type 002	
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought 753.10			

Full Name (Last, First, Middle Initial) of Payee Fris Office Outfitters		Date M M / D D / Y Y Y Y Y Y 01 / 24 / 2013	
Mailing Address 109 River Avenue		Amount 447.49	
City Holland	State MI	Zip Code 49423	Transaction ID : SE.9677 Office Sought: <input type="checkbox"/> House State: <u>MO</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Purpose of Expenditure Bus tour supplies		Category/ Type 006	
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought 1200.59			

(a) SUBTOTAL of Itemized Independent Expenditures.....	669.54
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Tripodi

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 02 / 19 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 14 OF 16
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Faith Family Freedom Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489625 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Google Inc.			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y </div>	
Mailing Address 1600 Amphitheatre Parkway			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 300.72 </div>	
City Mountain View	State CA	Zip Code 94043	Transaction ID : SE.9670	
Purpose of Expenditure Online ad		Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5 5 300.72 			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name (Last, First, Middle Initial) of Payee Google Inc.			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y </div>	
Mailing Address 1600 Amphitheatre Parkway			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1271.67 </div>	
City Mountain View	State CA	Zip Code 94043	Transaction ID : SE.9672	
Purpose of Expenditure Online ad		Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5 5 1572.39 			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1572.39 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Tripodi

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 15 OF 16
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Faith Family Freedom Fund		FEC IDENTIFICATION NUMBER ▼ C C00489625	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Connie Mackay		Date MM / DD / YYYY 01 / 24 / 2013	
Mailing Address 801 G Street NW		Amount 154.50	
City Washington	State DC	Zip Code 20001	Transaction ID : SE.9673
Purpose of Expenditure Bus tour travel expense		Category/ Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 154.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Connie Mackay		Date MM / DD / YYYY 01 / 24 / 2013	
Mailing Address 801 G Street NW		Amount 154.50	
City Washington	State DC	Zip Code 20001	Transaction ID : SE.9674
Purpose of Expenditure Bus tour travel expense		Category/ Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 309.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	309.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Tripodi

[Electronically Filed]

Date

MM / DD / YYYY
02 / 19 / 2013

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 16 OF 16
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Faith Family Freedom Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489625 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee PR Newswire		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address G.P.O. Box 5897		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 240.00 </div>
City New York	State NY	
Purpose of Expenditure Bus tour advertising	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 004 </div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>MO</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1554.70 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : SE.9679

Full Name (Last, First, Middle Initial) of Payee UPS		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address PO Box 533238		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1095.05 </div>
City Charlotte	State NC	
Purpose of Expenditure Bus tour expense	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 001 </div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>MO</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2649.75 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : SE.9680

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1335.05 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 4222.14 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Tripodi

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y